

# **Board of Registration in Embalming and Funeral Directing**

## **Apprenticeship Transfer Form**

Apprentice's Name \_\_\_\_\_

Apprentice's License Number \_\_\_\_\_

Sponsor's Name \_\_\_\_\_

Sponsor's License Number \_\_\_\_\_

Funeral Establishment \_\_\_\_\_

Address: \_\_\_\_\_

Establishment Number \_\_\_\_\_

Effective Date \_\_\_\_\_

Apprentice's Currently Registered at this Establishment

\_\_\_\_\_  
\_\_\_\_\_

Apprentice's Signature \_\_\_\_\_

Sponsor's Signature \_\_\_\_\_

Please submit the original completed form to:

Division of Occupational Licensure

Board of Registration in Embalming and Funeral Directing

1000 Washington St Ste 710

Boston, MA 02114

Phone: 617-727-1718    Fax: 617-701-8612